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## APPLICANTS

Jeffrey A. Ruschke, Lawrenceburg, IN;

Thomas W. Hanson, Loveland, OH;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/203,401 05/11/2000  
 and claims benefit of 60/218,612 07/17/2000

*verified*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/10/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	IN	12	29	4

## ADDRESS

Intellectual Property Group  
 Bose McKinney & Evans LLP  
 2700 First Indiana Plaza  
 135 North Pennsylvania Street  
 Indianapolis, IN  
 46204

## TITLE

Motorized propulsion system for a bed

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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